

SIR,—I have been greatly interested in the correspondence in your columns on the toxicity of certain hypnotic drugs. It is so rarely that I have occasion to prescribe anything of the sort that the two following cases, which recently came under my observation, have made all the greater impression on me.

In the first case, an otherwise healthy young woman, who had suffered for many months from insomnia, for which she had had no previous treatment, was recommended veronal. Two doses only were sufficient to cause toxic symptoms of such severity that the patient was thoroughly alarmed and refused to take any more.

In the second case dial was given, and in this case one dose was sufficient to cause toxic symptoms, which were even more severe than those seen in the first patient. In both cases the symptoms were those described in the original paper—muscular weakness and fatigue—in the second case amounting to a temporary paralysis, coldness of the extremities, a rapid and feeble pulse, a subnormal temperature, and a marked degree of drowsiness and mental confusion.

I may say that I have been very chary of prescribing the barbitone derivatives since meeting these two cases.—I am, etc.,

London, W.1, July 4th.

D. WINIFRED HALL.

EARLY SYMPTOMS IN DISEASES OF THE BREAST.

SIR,—In my lecture on early symptoms in diseases of the breast, which is published in your issue of last week (July 9th, p. 47), I have unintentionally somewhat misrepresented the notes in the Ministry of Health report on the incidence of pain in cancer. In the report (Public Health and Medical Subjects, No. 32 of the Ministry of Health series) dealing with the antecedent histories of 503 patients who had been operated upon for cancer of the breast, and all of whom were carefully questioned upon this and other points, no fewer than 83, or 17.7 per cent., gave pain as the first symptom, that is before any lump was palpable. The report on these cases, which was compiled by Dr. Janet Lane-Clayton, points out the importance of not relaxing attention until "either the pain has subsided, leaving a normal breast, or until operative measures have been decided upon." The figures support my own conviction, which I expressed in my lecture.

I hope Dr. Lane-Clayton will accept my apologies and appreciate everyone's admiration for her perseverance in establishing the facts of her important work.—I am, etc.,

London, W.1, July 11th.

G. LENTHAL CHEATLE.

MEDICAL SECRECY.

SIR,—Since writing the paper I read to the Medico-Legal Society on June 23rd, an abstract of which was published in the *BRITISH MEDICAL JOURNAL* of July 2nd (p. 17), my attention has been directed by Sir William Collins to the regulations regarding venereal disease clinics. The Public Health Venereal Disease Regulations, dated July 12th, 1916, issued by the Local Government Board, predecessor of the Ministry of Health, to local authorities, contain the following instruction:

Article II (2). All information obtained in regard to any person treated under a scheme approved in pursuance of this article shall be regarded as confidential.

A memorandum was also issued by the Local Government Board which contained the following statements:

"It is essential that each patient attending for diagnosis or treatment should be assured that, although his home address will be kept confidentially for reference, it will never be communicated to others. The desirability of having the home address in order to be able to arrange subsequent appointments should be explained to the patient."

"At an early visit the patient's name and home address should be noted confidentially and kept separate from his clinical record. It should be explained to the patient that the home address will under no circumstances be used except for confidential communications to the patient himself respecting his treatment."

Obviously these provisions create special conditions regarding patients attending venereal disease clinics, and may impose legal obligations of secrecy upon the local authority and its medical and other servants. How the regulations would affect disclosure in the witness-box is doubtful. They purport to be made under statutory powers. Consequently if the regulations were *intra vires*

it might well be contended that statutory secrecy had been established. But however this may be, the ethical position is plain, both for doctors and laymen engaged in venereal disease clinical work.—I am, etc.,

London, S.W., July 5th.

RIDDELL.

Obituary.

JAMES WALKER DAWSON, M.D., D.Sc.,
F.R.C.P.E., F.R.C.S.E.,

Histologist in the Laboratory of the Royal College of Physicians,
Edinburgh.

DR. J. W. DAWSON died, on June 26th, at his residence in Edinburgh after a long illness. He had not enjoyed robust health for many years, and for some months his condition had been a matter of concern to his numerous friends. Dr. Dawson was born in 1870 in India, and was educated at the Edinburgh Institution. He commenced the study of medicine at Edinburgh University in 1888, but before his course was completed he suffered from a serious breakdown, and the next eleven years of his life were spent abroad, mainly in India and New Zealand, where for a time he was engaged in sheep-farming. In 1903 he was able to resume the study of medicine and graduated M.B., C.M. in the following year. Immediately after graduation he devoted himself to research work, which held special attractions for him, and several years were spent, chiefly in the laboratory of the Royal College of Physicians, working in collaboration with the late Dr. Alexander Bruce. In 1910 the Syme Fellowship in Surgery was awarded to him and in 1911 he graduated M.D., receiving a gold medal for his thesis dealing with "Studies on Inflammation." He was the author of an elaborate monograph on the histology of disseminated sclerosis, published in the *Transactions of the Royal Society of Edinburgh* in 1915. This work threw much light upon the minute changes that occur in this obscure disease, and the same subject was the basis of a thesis for the D.Sc. degree, which he took in 1916. Other contributions by him to pathological literature included papers on multiple neuro-mata of the central nervous system, on the lymphatics of the central nervous system, on generalized osteitis fibrosa (in collaboration with Mr. J. W. Struthers), published in the *Edinburgh Medical Journal* in 1923; a paper on melanomata; and one on syringomyelia.

During the war (1915-19) Dr. Dawson was occupied in teaching pathology in connexion with the class in Edinburgh University and in the Royal Infirmary. Many offers of appointments both at home and abroad came to him, but were regretfully declined on grounds of health, and he preferred to spend his time in quiet work in the laboratory of the Royal College of Physicians.

He became a Fellow of the Royal College of Physicians of Edinburgh in 1924. For many years he acted as histological expert in the laboratory of the College, and here his opinion as to the pathological nature of tumours and other tissues was held in the highest esteem by his colleagues. In this capacity his place will be very difficult to fill, because from long experience and the meticulous care that he devoted to microscopic work, he had attained great expertness in the diagnosis of doubtful cases of malignancy and on many other matters. For some months before his death Dr. Dawson had been engaged in preparing the three Morison Lectures, which he had been invited to deliver before the Royal College of Physicians. Although it is understood that these, which dealt with recent advances in knowledge of the minute structure of the nervous system, were almost ready for delivery, it will be a loss to scientific medicine that he was prevented from completing and giving them. Dr. Dawson was a man of modest and retiring disposition, who enjoyed in a very high measure the affection and respect of his professional colleagues. His literary and scientific interests were very wide outside of the subject which specially attracted his attention. In 1924 he published in the *Edinburgh Medical Journal* an essay entitled "The Spirit of Leisure and the Spirit of Work," which described in an arresting manner the quiet pleasure to be derived from a simple though purposeful life. All that he did was characterized by the